

THE MEDICAL AND SURGICAL REPORTER.

No. 981.]

PHILADELPHIA, DEC. 18, 1875.

[VOL. XXXIII.—No. 25.]

ORIGINAL DEPARTMENT.

LECTURE.

ABORTION.

DELIVERED BY PROF. WM. T. LUSK,

Professor of Obstetrics and Diseases of Women and Children, at Bellevue Hospital Medical College, October 25th, 1875.

II.

GENTLEMEN:—When the ovum has collapsed it requires a larger amount of blood to produce its expulsion. The nearer the blood is to the cervix, the less likely it is to produce abortion. The expulsion may occur in a few days, or in weeks or months. As to frequency of abortion, the statistics are doubtful, but Häger gives the proportion of one abortion to ten cases which complete the term of gestation. It is known to occur more frequently in the multipara than in the primipara.

Symptoms.—In the first place, we have hemorrhage. In the early part of pregnancy we have uncomfortable sensations in the region of the womb. Later, the pain approximates more closely to that attendant upon labor at maturity. When these pains have gone on for a time, the cervix dilates, the os internum opening first, and then the os externum, until, finally, the ovum drops into the vagina. The ovum may be expelled first and the decidua afterwards. The decidua and the ovum may come away together. Retained portions of the decidua give rise to hemorrhage, which continues after the ovum is expelled. When expelled during the first two months, the ovum is usually entire. Still, rupture of the membranes may occur even in the first two months, and be followed by the

escape of the embryo, in which case the decidua is expelled afterwards with the membranes, as at full term.

Diagnosis.—In the first month, of course, no diagnosis can be made until one period has been passed; and even then, we cannot positively assert its existence; but we have always, in every case in which a woman has passed over a period, to consider the possibility of pregnancy. If we are undecided, we can wait. After the first month, the ordinary signs will usually enable us to decide the question of pregnancy. The hemorrhage, pain, and dilatation of the cervix, would be the signs of threatened abortion. Sometimes it is impossible to distinguish a portion of retained ovum, surrounded by coagulated blood, from a small polypus projecting from the cervix uteri.

Prognosis.—This, so far as the child is concerned, is, of course, wholly bad. It is only in cases where there is hope of arresting threatening abortion that there can be any question of prognosis with reference to the child. As far as the mother is concerned, an abortion is never a matter of indifference, because of the dangers ensuing from hemorrhage, from retention of the ovum, from decomposition of the ovum, and resulting septicæmia, from inflammation following the abortion, and from the retarded involution, which is characteristic after abortion. It is not at all uncommon for uterine displacements to grow out of sub-involution.

Treatment: Prophylaxis.—First, in cases of metritis. In the beginning of pregnancy, we have always hypertrophy of the uterine mucous membrane. Where the membrane has been previously in a morbid condition, there is apt to

be, as we have already noted, an undue dilatation, and thinning of the walls of the vessels, which thus are predisposed to rupture. Again, we have mentioned cases of abortion from syphilis. Syphilis may exist in the mother, in the father, or in both parents. In cases of syphilis in the mother, we have gummy growths forming in the maternal portion of the placenta, which compress the villousities and cut off the circulation from the fœtus; and, as a result, the embryo dies. When the ovum is infected by the father, either the embryo perishes first, or the villi become diseased, and the contained vessels are obliterated; so that, in any cases of syphilis, abortion generally results from the death of the embryo, the expulsion following at a subsequent period. The prevention of habitual abortion in such cases would require, therefore, treatment of the metritis, or where there is syphilis, in putting one or both the parents upon an anti-syphilitic course.

There are many cases in which the recurrence of abortion is attributed to pregnancies following one another too rapidly, in which the uterine mucous membrane has no time allowed it to undergo ordinary repairs before it is called upon to furnish lodgings to a new ovum. Here absolute suspension of marital intercourse should be temporarily enjoined.

Anteversión of the uterus may give rise to sterility; but if pregnancy does take place, and the lining of the uterus is healthy, as time goes on, the displacement generally disappears of itself, without causing abortion.

Where retroversion and retroflexion exist, however, patients are predisposed to abort, owing to an undue congestion of the vessels, produced by interference in the return of the venous circulation. If a patient has aborted from this cause, we ought to reposit the uterus as soon as we can after abortion, and before the woman has left her bed; and so soon as the vaginal tenderness will admit, an attempt should be made to retain the uterus in place, by means of a Hodge's pessary. In cases of abortion, involution is very slow, because the muscular fibres are short, and, as a necessary result, in contracting they do not exercise the same compression on the blood-vessels, with the cutting off of the blood supply that follows parturition at full term, and which is the direct cause of the fatty degeneration of the muscular fibres, which constitutes the most important feature in the process of involution.

In cases of backward displacement of the uterus, the interference in the circulation, from the position of the organ, still further tends to arrest these retrograde changes, so that the replacement of the uterus is to be attempted, with a view to promote the return of the organ to a normal condition. Even while the woman is pregnant, it is proper, when a predisposition to abortion exists, to try and replace the uterus carefully, and then, to keep it in position by a pessary, during the first four months of gestation. After that length of time, the elevation of the uterus out of the pelvic cavity renders a further employment of pessaries unnecessary. A prolapsed uterus, in case pregnancy has taken place, should likewise be replaced and held in position, if possible, with a suitable pessary.

Sub-mucous fibroid tumors encroach so much on the cavity of the uterus, that they become a cause of abortion from the lack of space they occasion, as much as from the attendant disease of the uterine mucous membrane. In intramural fibroids, abortion results chiefly from the latter cause. Neither of these forms are amenable to treatment. The only cases in which our interference is likely to be of service, are those in which a small sub-peritoneal fibroid, situated in the posterior wall of the uterus, produces the retroversion. Then, by the replacement of the uterus, and its retention in place by a pessary, we may enable the woman to become pregnant, and pass through the period of utero-gestation.

Protracted nursing is to be deprecated. I often see women come into the dispensary department of the Hospital, who say they know they are pregnant, and yet continue to nurse their babies to keep them quiet, or they have been advised by doctors not to wean their infants, because the latter, at the time, happened to be cutting their teeth. Lactation after pregnancy should be stopped, both because it may provoke abortion, and in the interests of the nursing child. A child never thrives when nursing from a pregnant woman.

In patients who habitually abort, and in whom no objective reason for abortion can be detected, you may give, as medicine, the chlorate of potash, in twenty-grain doses, three times a day. As to the efficacy of this medicine, I am unable to speak positively; for while I have seen women who have had abortion after abortion go on to full term after giving chlorate of potash, I have seen the same thing

when no potash has been given, and have often known the potash to fail.

In cases of threatened abortion, we have first to determine whether its arrest is practicable. When we find the ovum already in the vagina, or in the cervix, the case may be regarded as past redemption. Even when the ovum is at the os internum, if the cervix is so far dilated that the finger can reach the ovum, the chances of checking the abortion are very small. There is no use in trying to prevent abortion, if you find, in the examination of the clots discharged, any portions of the ovum. Our prognosis is more favorable when the amount of hemorrhage is small; but there are some striking exceptions to this rule, so that quantity does not guide us much in deciding as to the expediency of employing means to arrest abortion. But we should certainly try to check the abortion, if the cervix is still closed, and no portions of ovum can be detected upon examination.

If abortion is threatened, you make your examination; and if you find the uterus displaced, begin by replacing the uterus. See to it that the patient is kept perfectly quiet. It is easy to see that, even where the hemorrhage has been checked, any sudden movement of the body may detach the coagulum in the exposed vessels, and, as a consequence, the hemorrhage breaks out afresh. The mind should be in a state of repose: for you know that in mental excitement there is a special tendency to congestion of the weakest organ.

As it is not always easy to enforce repose of mind, it may be necessary to administer morphia to allay the patient's excitability. Morphia likewise acts favorably in diminishing pain, and by controlling to some extent the contractions of the uterus. Acids may be administered in cases where it is desirable to give something as a placebo. The patient should be kept quiet three or four days after the flow has entirely ceased.

In cases where all hope of saving the ovum has been abandoned, we have to bear in mind that if, in the first two months of pregnancy, the ovum is unruptured, hemorrhage is not dangerous. In the third month, likewise, the hemorrhage is not likely to be very excessive, for the ovum from the first nearly fills the cavity of the uterus, and the blood coagulates between the membranes and the uterine walls. Afterwards, as the ovum descends, it plugs the cervix and forms a tampon, checking the hem-

orrhage, or restraining it so that it is moderate in amount. Treatment, therefore, is rarely necessary. Wash out the vagina, and keep it clean.

In primiparæ the ovum is sometimes long retained, owing to the tardy dilatation of the os externum. In such cases it is often possible, by making a rotatory movement with a finger, to dilate the os, and thus open a passage for the ovum. When the ovum comes away, it is generally expelled with the decidua vera and decidua reflexa. Where the ovum is retained after the escape of the liquor amnii, negative pressure is developed in the uterus, and hemorrhage results. With the escape of the fluid the fœtus is brought away.

If, called to see cases of this kind, we find our patient suffering from excessive loss of blood, we should at once resort to the tampon. The best method of tamponing, where it can be done properly, is to dilate the vagina with Sims' speculum, and pack around the cervix pieces of damp cotton, and afterwards carefully and methodically fill the vagina. The method recommended by Dr. Sims is unsurpassed in efficiency. Dr. J. E. Taylor recommends filling the vagina with a surgical bandage, which likewise renders excellent service. Where called in a hurry, and arriving at the bedside unprepared, use anything that is at hand. Seifert once snatched an apron from one of the nurses and crowded it into the vagina. Before introducing the tampon, it is always best first to remove all clots, and wash out the vagina with tepid water. After the hemorrhage is checked, if the patient is cold or collapsed, administer small and frequently repeated doses of brandy to bring up the pulse and restore the circulation. Ergot is useful, but where the stomach is at all irritable, the patient is pretty sure to vomit it up. Therefore, if we wish to get its effect, we must use it subcutaneously. Two parts of ergotin are soluble in five parts each of glycerine and water. We can administer, by means of this solution, hypodermically, four or five grains at a time. Thus we save the patient's stomach.

Do not apply cold externally. The patient has enough to depress her already, without placing damp cloths over her abdomen. Even on theoretical grounds, it is questionable whether the hemorrhage is not rather promoted thereby, by driving the blood into the internal organs. The chief objection to it, however,

lies in the fact that it chills a patient who is already suffering from shock.

The tampon ought not to be allowed to remain in the vagina over twelve hours at one time; then it should be removed, and the vagina once more should be carefully washed out. An examination should be made to determine the position of the ovum, the degree of dilatation of the cervix, etc. If the ovum has descended into the cervical canal, a second tampon will probably suffice for its expulsion.

Generally, it is not safe to continue the tampon after the third day—that is the longest time. Meantime it should be changed every twelve hours. Decomposition of the retained blood is one of the inevitable evils of the tampon; we have, then, to guard against the pernicious effects of this decomposition, by washing out the vagina each time the tampon is changed; but at the end of the third day, there is always great danger of septic material creeping up the cervical canal and reaching the ovum, and thus giving rise to dangerous symptoms. Certainly, in no case ought the removal of the ovum to be postponed after three days have expired. To remove the ovum, one hand should be placed externally over the uterus, while the index-finger of the other hand is passed up into the cervix. Then press the uterus down over your finger, which should make, at the same time, rotary movement. When the os internum is reached, wait a little while, because the os internum often offers resistance at first to the advance of the finger; but if the finger is kept there, the os internum gradually yields. Then push the finger into the uterus, above the ovum; and as the finger is withdrawn, the ovum comes away of itself. When the ovum has been brought away, examine it carefully, to see if anything has been left behind. Also introduce the finger, and see if there is any attached portion to be felt, in which case scrape it off. Wash out the cavity of the uterus with tepid water, to which it is well to add carbolic acid, in the proportion of 3j. to Oj. After the removal of the ovum the hemorrhage ceases.

In all cases, the removal of the ovum is greatly facilitated by placing the patient under the influence of an anæsthetic. Anæsthesia relaxes the abdominal muscles, and enables us, with ease, to crowd down the uterus, so that the cervix is brought very nearly to the vulva. Only remember, that when a woman has lost much

blood, the irritability of the medulla oblongata is often very greatly lowered, and a very moderate degree of anæsthesia may suspend its functions altogether. Extreme care, therefore, is requisite in administering anæsthetics to anæmic patients. In excessive anæmia they should be dispensed with altogether.

COMMUNICATIONS.

OXIDE OF SILVER IN LOCOMOTOR ATAXIA.

BY CHARLES CARTER, M.D.,

Resident Physician of the Northern Dispensary of Philadelphia.

CASE 1.—I. G., aged 42, married, occupation watchman on a vessel, applied to the Dispensary for treatment, October 2, 1873. He complained principally of weakness of his lower limbs, frequent and shifting attacks of excruciating pain, and inability to hold his water. These troubles were ushered in suddenly, about seven years previously, by a severe attack of pain in the lower extremities. He had followed the water for many years, and attributed his ailment to exposure and rheumatism. No history of syphilis, sexual excess, or other cause, could be elicited. He stated that his limbs felt "heavy, stiff, and draggy," and had a sensation of walking on sponge; that his wife noticed an unsteadiness in his walk, before he was affected as described. A pricking sensation in fingers and toes was often present. He walked with a timid shuffling gait, by aid of a cane. There was no wasting of the muscles; reflex action upon tickling soles of the feet was nearly abolished, with almost complete loss of power to flex and extend the foot at ankle joint. He could not stand with his eyes closed, and was unable to go about at night. The neuralgic attacks of pain, as described by him, were frightful, and of a piercing, lancinating character, striking him suddenly, like lightning. It affected his face, upper extremities, stomach and lower extremities, but most generally in the right knee joint or lower part of thigh. It would recur two or three times in a week, and continue from twelve to twenty-four hours. He had a cachectic appearance, and an anxious expression. He was troubled very much with incontinence of urine and constipation. Virile power lost for the past six years. Pulse 92; all other functions apparently normal.

For six weeks he was treated with nitrate of silver, gr. one-third, three times daily, two weeks at a time, with two weeks' intermission.

A slight discoloration of the skin was evidently showing itself, either from the amount of nitrate given, or possibly by this remedy having been administered by one of his previous medical attendants. It was then changed to the oxide of silver, which is claimed to have no such effect (*vide* "Biddle's *Materia Medica*," fifth edition, page 141). Besides, the severe paroxysms of pain still continuing, though less frequent, it was determined to push the oxide to toleration, with the view of overcoming this distressing symptom. Commenced with half a grain, three times a day. Tonics and cod-liver oil, which had been previously prescribed, were continued. At the end of three weeks, one grain of the oxide was given three times a day, and thereafter the medicine was increased a grain every two weeks, until six grains, three times daily, was reached. Eight grains were then given three times a day, for a week, then ten grains for a week. I was now compelled to suspend the medicine, as he was taken with severe diarrhoea (probably not due to the medicine, as he had suffered from a similar attack before commencing the oxide). No other unpleasant symptoms or effects set in, and during all this period of seventeen weeks he had but three slight neuralgic seizures. The diarrhoea soon subsided, without treatment. His health and strength had greatly improved, had gained fifteen pounds, could walk with less fatigue, able to attend to his duties as watchman with more satisfaction, could look up to the rigging of the ship without external support, which he was unable to do before; reflex action; power to flex and extend feet now well marked; incontinence of urine disappeared, and the ground had a more solid feel. Pulse 84. The medicine was not resumed.

Three weeks after he complained of slight incontinence of urine, which was relieved by use of strychnia. My last note of his case is on October 18th, 1874, about four months later. He had continued free from pain, and from incontinence of urine. He regarded himself as well as ever, except the weakness of his lower limbs. He could go about the streets at night, but could not walk or stand with closed eyes.

CASE 2 — C. R., age 39, married; came under observation at the Dispensary, May 23d, 1875.

Three and a half years ago he first felt a weakness in the lower extremities. He has had chronic diarrhoea for the past four years, with only occasional relief by treatment. His previous health had been good. In the Spring of 1875 he removed from Delaware to this city, and soon after broke his leg. The diarrhoea abated during his treatment in hospital for the fracture; but after leaving, it gradually grew worse, as did also the weakness of his lower limbs, and resisted all treatment.

Present condition. Gait very unsteady, but walks very well by the aid of a cane. Cannot stand or walk with his eyes closed. Reflex action very much impaired. No wasting or flabbiness of the muscles of the lower limbs. Has occasional, but not very severe attacks of neuralgia in both lower extremities, shifting about from the great toe to the knee, never going above the knees; also cramps in lower limbs at night, sometimes several paroxysms. No incontinence of urine, but sexual desire abolished. States that diarrhoea is severe, having about twelve passages daily; pulse 76, no evident emaciation. Prescribed half a grain of oxide of silver, three times a day, for the ataxia; and chalk mixture, astringents, opium and attention to diet, for the diarrhoea.

He soon recovered from the latter. In the middle of August, was free from all neuralgic pains, having continued the oxide in the same dose (which seemed sufficient to relieve this symptom) to that time.

October 8th, 1875. He has had no return of pain or diarrhoea. He has gained some power of coördination, as he can stand with closed eyes, though still unable to walk with them closed, and at night. The ataxia is evidently arrested. No discoloration of the skin has been produced by the oxide. A fair trial of the oxide of silver in these advanced cases, therefore, shows that it is able to control the neuralgic disorder, one of the most distressing symptoms of the ailment, and probably to arrest the further progress of the disease. It also holds out some promise as a remedy that will cure, if administered in the very earliest stages of ataxia.

—One of the usual "investigations" has been going on, into alleged abuses at the Flatbush Lunatic Asylum. From the testimony, the sympathies of the lady complainants seem to have been prematurely roused.

HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE.

CLINIC OF PROFESSOR GROSS, NOV. 6th, 1875.

REPORTED BY FRANK WOODBURY, M. D.

Obscure Disease of Leg, Connected with Malarial Neuralgia.

GENTLEMEN.—This is a private patient of Professor W. H. Pancoast and myself, whose case is of so much interest that I requested him to come before the class. He is forty-eight years of age, and has been suffering for a considerable length of time with a peculiar affection of the inferior extremities, of which he gives the following account:—

Two years ago, the great toe and the two next adjoining it, of the left foot, became inflamed and painful, without their ever having received any injury, or his being able otherwise to account for it. After continuing for about six weeks in the original location, the disease began to migrate to other portions of the same foot, and a month and a half ago the little toe of the opposite foot became affected in a similar manner. The inflammation was subacute, and only once proceeded to suppuration, but it had been constant, and the pain, which was severe, seemed to have its point of greatest intensity located in the middle toe of the left foot; it was made worse by allowing the feet to hang down. Walking increased the discomfort and the discoloration of the limb, which, below the knee, was congested, but uniformly cold, and the foot was markedly atrophied.

The man comes from a strongly malarial region, where the paludal poison shows itself in various ways, such as neuralgia and rheumatism, beside the usual fevers. Having this fact in mind when he applied to me, about four weeks ago, we were led to regard this as a manifestation of the miasmatic poison in the form of a neuralgia of the vaso-motor nerves of the extremity, not the larger trunks, but the smaller nervous fibres, supplied to the vessels of the part by the sympathetic system. Applying the hand to its surface, I find that the limb is cold, as always is the case when the functions of an organ are impaired or destroyed; there is less nervous force sent to it, and a smaller supply of blood than in the normal condition, with correspondingly diminished molecular activity and development of heat; the temperature of the limb is several degrees lower than that of the body. Concurrent with this is a loss of fat by action of the absorbent vessels; the muscles are atrophied from impaired nutrition and lack of use, and the part naturally becomes wasted and cold. The general health of the patient was not very good when the treatment was instituted, three weeks ago (for he was in the city several days before it was systematically begun), but he is now much better, as is evident from the fact that he is vigorously chewing the Virginian weed, and seems to enjoy it. This I always regard as a good sign; when a

man is very sick he generally loses his taste for tobacco.

In regard to the principles of the treatment, which the patient agreed to carry out faithfully, and has, indeed, heartily co-operated with, it was evident to us that it would be necessary to treat both symptoms and cause, both the part and the system. To the limb, we directed him to apply veratria ointment, of the strength of a drachm of the alkaloid to an ounce of simple cerate, of which, a piece the size of a cherry was to be well rubbed with the fingers, over the surface of the affected part, two or three times daily; in addition to this, the extremity was enveloped in a flannel bandage, to keep it warm and support the vessels. This ointment I have used for years as an anti-neuralgic application, with infinite advantage; in fact, the patient says that this and the bandage did it all, but I think that a large portion of the credit is due to the constitutional remedies; which were the fluid extract of ergot, hydrate of chloral, bromide of ammonium, and full doses of quinine, given with a view to its anti-neuralgic effect. The ergot was given for the purpose of imparting tone to the vessels of the skin and the parts below, for it may be accepted as demonstrated, that ergot acts specifically upon the muscular coat of the arterioles, and upon the blood. Langenbeck has even used it in cases of aneurism, and it is said, with good effect. This I scarcely believe, as I cannot see how small doses could possibly bring about such results; it may be so, but in mentioning it, I wish to express a doubt. The chloral and bromide were given to produce sleep and relieve pain.

He has been greatly benefited during the three weeks of treatment, and is certainly vastly improved. He sleeps well all night, and the capillary congestion of the limb is absent now, even when he walks about. To accomplish this good result I have not the slightest doubt that the bandage also aided. The pain is almost entirely gone, he has a good appetite, and feels like a different man.

Hypospadias and Epispadias.

By a curious coincidence I operated yesterday upon a case of epispadias in a young man, and to-day this man of twenty-one comes here with hypospadias. The case of yesterday had an opening through which the urine was discharged upon the top of the penis, two inches behind the normal position of the meatus, which was imperious. The organ, when erected, was four and a half inches long, which was not so short as to debar the patient from matrimony, provided that it had been all in a straight line, but this was not the case, the penis was curved backward, so that the glans looked toward the pubes. To relieve this condition, which effectually prevented connection, I cut out a A-shaped section from the cavernous bodies, carefully dissecting off the skin from the part removed, and retaining it; by this means, I have no doubt he will obtain a useful organ.

In the patient before you, there is a defective

space in the urethra and spongy body, one and a quarter inch from the meatus, in which there is merely a sham opening, or cul-de-sac. There is no trouble in micturition, as the urine passes freely from the inferior opening. This is a congenital malformation, and is of the same nature as those cases of hare-lip which you have lately seen me operate upon, or cleft palate, extrophy of the bladder, or bifid spine, that you will occasionally meet, all being related, and due to an arrest of development, with deformity from defective union in the middle line. The opening may exist anywhere in the continuity of the canal, and the urine even be discharged from the perineum. Hypospadias, in itself, is not an effectual bar to procreation, as I can recall a case that I saw, while a student in Dr. McClellan's office, in which the patient, a large negro, had such an opening far back in the course of the urethra, but, nevertheless, married and had eight children, and there was not the slightest reason for doubting the virtue of his wife or his paternity.

In this case, the organ bends downward when erect; it measures about four inches, which, though perhaps not a very good average, would be a fair length and enough for all purposes if straight, but curved either way, makes copulation impossible. If the patient consents, I will perform an operation similar to the one above described, and will endeavor to complete the urethra by a plastic operation at the next clinic day.

Retention of Urine From Vesical Calculus.

This man states that he has had a stoppage in his pipe for sixteen hours, meaning thereby, not his windpipe, but his urethra. He never received an injury in the part, nor has he suffered from venereal disease, not having been in the war. He has had more or less trouble in urinating for four months.

The inability to pass water may be due to a stricture of the urethra, in which case his denial of his having had venereal trouble must be retracted, as there are no signs of traumatism; for I have yet to see the first case of organic stricture of the urethra that was not the result of gonorrhoea or of external injury. Attempting to introduce a double curve, or self-retaining catheter, the kind used by Mr. Syme after the operation of perineal section, I find some obstruction at the neck of the bladder, which may be due to spasm. In ordinary spasmodic contraction, the water begins to run as soon as the instrument reaches the lowest point of the urethra, or approaches the bladder, while in the organic narrowing it is necessary to pass the constricted part before the urine will flow; in such a case you will always find that it is more difficult to get a hollow instrument through the stricture than it is to pass a solid one of steel, nickel-plated, which is generally used for sounding. Warning and oiling an instrument, such as I have mentioned, I find that it passes readily enough into the bladder, and that it grates against a rough surface after it gets there.

Exchanging the sound for a catheter, a small quantity of apparently normal urine flows, and the same hard object as before is encountered, which evidently is a concretion of considerable size of whose existence, until now, this man was utterly unconscious. I shall at once, give him a hypodermic injection of one-quarter of a grain of morphia which will relieve the irritability of the bladder, and put it to sleep; we will decide upon the time and mode of operation for removing this calculus, after a consultation with the patient.

You may occasionally be called to attend a man of dissipated habits, who, while lying intoxicated and exposed around the streets, is seized with retention of urine. He has rigors, with great suffering, and the vesical cavity is full of water but he cannot pass a drop. He may have an inflammatory or organic contraction, to which a spasmodic stricture is superadded, caused by the irritation of the bladder by the strong drink; an accident that is quite likely to occur. A catheter goes a certain distance into the urethra, but no further; the man is in distress, beads of perspiration stand out on his brow; what can you do to relieve him? It often happens, in such cases, that if you will give your patient a quarter to a third of a grain of morphia hypodermically, order him a hot hip-bath, put him, warmly wrapped up, in bed, and give him a hot whiskey toddy, you will so warm and relax the entire system, in a short time, that the urine will flow without the aid of a catheter; whereas, if its use had been persisted in at first, great mischief might have been done to the parts. In this way, serious damage to the urethra often has been committed, by rupture and the formation of false passages, that might easily have been avoided by this simple expedient.

Dermoid Cyst of Eyebrow.

This boy, of ten, has a small cystic tumor over the left eyebrow, which his mother says came there when he was three months old; but which, doubtless, existed three months earlier, and perhaps several months before that. This is one of those small, sebaceous cysts, of which you have recently seen several at this clinic, and which are always congenital and invariably contain hair.

In dissecting this out, the external incision is made in a line with the future wrinkles of the brow, so that the scar may not disfigure the patient, every particle of the wall of the cyst being then carefully removed. The only danger to be feared now is erysipelas, of which it is your duty to warn your patient after every operation, in order to relieve yourselves of responsibility in the event of such an occurrence, to induce his attendants to see that proper care is taken, requiring him to be kept quietly in his room, and not exposed to cold, for several days.

Nevoid Growth on the Cheek.

Several cases similar to this have been operated on this session, before you, but I

propose here to adopt another method, and, as the tumor is quite small in this infant, will excise it, in preference to transfixing its base with pins and strangulating it with a ligature, as in the previous cases. This will produce less of a scar than the other, but it is a delicate operation, only applicable when the growth is small; for it is very vascular, and in cutting around and into it there is considerable bleeding. This hemorrhage can be checked better with the twisted than by an interrupted suture, as it exerts pressure on the parts, and prevents further oozing. Beside this, no dressing will be needed, and the pin will be removed in two or three days, before it produces ulceration; the edges, in all probability, will unite by first intention. The scar will disappear almost entirely, in time, by the action of the absorbents, which will remove the lymph deposited in the surrounding structures after the operation, the cicatrices becoming almost invisible as the infant reaches adult life.

Neerosis of the Tibia.

You notice, at once, the great disparity between the bones of the right and those of the left limb in this boy, who is five years old, and has reputed healthy parents. The tibia of the right limb is an inch and a quarter longer than the left, and is very much thickened; there is enlargement also of the fibula, just above the ankle, and the joint is stiffened. In the skin may be noticed three or four little papules, which are sometimes called cloacæ, from their resemblance to a bird's anus, and are formed by unhealthy granulations at the mouth of a sinus; they always denote the existence of carious or necrosed bone.

The patient has not had much pain at any time in the course of the disease, which has existed eighteen months, and came on without known injury to the part. He had a severe attack of measles six months before the trouble in the bones began; which appeared in the spring, and may have been connected with suppression of the functions of the skin, by cold.

Cutting down upon the diseased structures, after the blood has been emptied from the limb by the elastic bandage and the patient brought under the influence of chloroform, I find that the necrosed portion is imprisoned in healthy bone. This often occurs. From some cause the shaft of the bone dies, and new osseous tissue is deposited around the old, forming a shell, in which the dead portion becomes incarcerated; it is loose, but lies in a cavity, from which it may gradually escape by a tedious process of disintegration, or be removed by the surgeon. It is impossible, in such a case, to say exactly what induced this disease, which has evidently been an osteomyelitis, or inflammation of the periosteum, bone, and medulla, sufficiently severe to cause the death of the diaphysis. My opinions are, perhaps, a little peculiar on this point, and for this reason I have been rather severely handled, but I cannot help expressing my conviction that this is due to a constitutional taint,

from an inherited disease, and a remote outgrowth of the syphilitic poison. The fact that we cannot always trace it to its origin certainly does not invalidate the conclusion.

It was necessary to make quite a large opening in the new bone, in order to get at the sequestrer, which was removed in several pieces. The child ought to have been operated upon a long time ago, and put on appropriate treatment. As an alternative, I prefer the iodide of sodium to the potassium, and if to this should be added a small quantity of corrosive sublimate in combination with the syrup of the iodide of iron, it would make a good prescription for such a case.

Operations to remove carious or necrosed bone are always tedious if properly performed; any one can cut down and scrape the bone, but unless it is carefully done, and all the dead part removed, the effort will not be attended by success; a small piece the size of a split pea will be sufficient to keep up constant irritation and discharge; even with the greatest care a subsequent operation is sometimes necessary.

As the parts are hard and dense, from being infiltrated by inflammatory deposit, there will consequently be a liability to hemorrhage, as the mouths of the vessels are held open by the surrounding structures when divided, and cannot retract into the neighboring soft tissues, as in the natural state of the parts. Wherever there is a sinus, whether from abscess in the mammary gland, fistule of the anus, or elsewhere, you will find this infiltrated condition of the surrounding cellular substance, and this tendency to bleed after section.

The opening in the bone is now well washed out with a syringe, to remove any detritus, and oozing may be checked by packing the wound with styptic cotton. The patient will be kept at rest in bed, on nourishing food and milk-punch, with anodynes, as they are needed. The limb must be kept elevated and wrapped up in a solution of acetate of lead and opium:—

R.	Plumbi acetatis,	℥i	
	Pulv. opii,	℥i	
	Aquæ,	℥iij.	M.
Ft.	lotio.		

Dangers of Apomorphia.

Dr. Prevost, of Geneva, reports a case in which he injected subcutaneously 3 or 4 milligrammes of apomorphia in a woman suffering from sore throat, with gastric disturbance. A state of collapse tending to syncope was produced, which continued for fifteen or twenty minutes, during which the pulse could scarcely be felt, and the pupils were dilated. In this instance the customary vomiting was established at the end of five minutes, and was repeated several times. The patient fell into a deep sleep, which lasted for about half an hour after the period of collapse. Several equally threatening cases have been reported by others.

EDITORIAL DEPARTMENT.

PERISCOPE.

The "Antiseptic System."

As Professor Lister's "antiseptic system" seems to have captivated some American surgeons, we are induced to extract some remarks on it by Dr. George Thomson, surgeon to the Oldham Infirmary. They are given in the *London Medical Times and Gazette*, November 6.

"The antiseptic system in surgery as practiced by Professor Lister and his followers, is based upon the supposition that there exist in the atmosphere great numbers of minute germs, which, when admitted to wounded tissues, give rise to putrefactive changes. This is, in a word, the panspermic theory of Pasteur and others; for the processes of fermentation and putrefaction are held by Lister to be alike originated by these germs, which give origin, as he imagines, to the bacterial and allied organisms, the development of which is assumed to be essential to the occurrence of putrefactive change. An absolute belief in the omnipresence and omnipotence of these germs has been, until recently, insisted on by Professor Lister as indispensable to success; and, indeed, the suggestion lately made by him, that it is possible for those who hold the physico-chemical theory of fermentation to adopt his system in its entirety upon that basis, really yields no inch of the ground he had previously taken, inasmuch as the obvious inference to be drawn is, that they will hit the mark, not in consequence of their belief, but in spite of it.

All the numerous devices and appliances in use among antiseptic surgeons have two ends in view, viz.—firstly, the entire exclusion of all these septic germs from wounded surfaces; and secondly, the destruction of all germs that may have already gained admission. In order to attain the first of these objects, it is attempted to surround the wounds with what is termed an antiseptic atmosphere, which means, during the performance of operations and dressings, a cloud of spray containing carbolic acid, and at other times, the careful covering over of the wound with some substance impregnated with an antiseptic—generally carbolic acid. These dressings are applied with various details, the chief objects of which, are to protect the wounded surface from direct irritation by contact with the antiseptic substance in use, and to prevent the discharges soaking through the dressings, and coming in contact with the external air, thus forming a direct channel for the admission of the dreaded germs. The second object is said to be effected by the application of a tolerably strong solution of an antiseptic, such as carbolic acid, or chloride of zinc, to the tissues that have been injured or exposed.

Of such importance are these precautions deemed, that during an operation, if the surgeon's knife, or even his finger, be extended for a moment beyond the charmed margin of the cloud of spray, it has to be carefully rendered antiseptic by being dipped in an antiseptic lotion before it can be again approximated to the wound; while we find Professor Lister asserting that, "there are cases in which the slipping of a single pin, might, by allowing the dressing to shift its place, endanger the life of a patient." It will readily be seen that antiseptic precautions are capable of an indefinite number of refinements, and present, by their possible omission in unguarded moments, ever-recurring loop-holes to account for the absence of the desired result. When, however, these precautions are carried out in all their details, it is claimed by Professor Lister, and others, that the results are of the most brilliant character. Not only is constitutional disturbance, after severe injuries, very much diminished, but putrefaction may be entirely prevented, and, as a consequence, suppuration much diminished, and all the complications most dreaded by surgeons, such as erysipelas and pyæmia, entirely got rid of and set at defiance. All this, if I mistake not, was claimed absolutely by Professor Lister at least six or seven years since, and is undoubtedly claimed by him as a certain result at the present moment.

Unfortunately for the system under consideration, the theory on which it is based is open to objections of a kind so serious, that it may be questioned whether it has any scientific value whatever. The most that can be said for Professor Lister's hypothetical germs is, that if they exist, they are in such an impalpable form as to be impossible of detection by any known means of observation. On the other hand, those low organisms of a palpable kind, which are looked on by antiseptic surgeons as the essential accompaniments of putrefactive changes, and the consequences of the admission of the invisible germs, are, it is now pretty generally admitted, to be found within the body in situations which preclude any possibility of immediate contamination from without, and may even be introduced into the circulation without apparent injury. Damaging to the antiseptic system as these considerations appear, they are rendered doubly so by the support they receive from the results of clinical observation. In the treatment of wounds of any kind, provided that the general conditions favorable to healthy action are secured, it must be conceded, even by the most enthusiastic of antiseptic surgeons, that fairly good results are obtained without the aid of antiseptic precautions. Assuming the germ theory to be correct, it is difficult to see how this should be the rule and

not the exception, more especially where the wounds are treated under precisely opposite conditions, so far as antiseptic precautions go. And yet many surgeons of repute claim to have obtained excellent results by freely exposing wounded surfaces to the air, and treating them, throughout, without any dressing at all. It is scarcely necessary to point out that the presence of germs, in great numbers, in the air, would be a fruitful source of danger at all times, with such facilities for gaining admission to the human body as are presented by the mucous tracts; while it is difficult to see how any woman could escape their baleful influence after parturition, when the tempting surface of the uterine cavity is exposed to their attack, especially when aided, as Nunneley expressed it, by an "accompanying obstetric hand." It would be easy to multiply such objections as these, were it necessary to go further in attacking a theory which is so destitute of evidence in its support.

A Case of Malarious Hematuria.

Dr. C. R. Francis, M.B., Surgeon-General Bengal Army, reports the following case in the *London Medical Times and Gazette*:—

Paroxysmal hematuria has formed the subject of some discussion in the medical journals during the past few years, but it seems to be now generally admitted that the disease is usually of malarious origin; quinine, with or without iron, being the staple of treatment. In the following case, which came under my observation recently in India, although the hematuria was not paroxysmal, malaria was evidently the *fons et origo mali*. The patient, a male European infant at the breast, and about four months old at the time of the attack, became feverish on March 29, 1873. The child's complexion was habitually very pale, and his temperament eminently nervous—inheritances from his father; but, up to the above date, his health has been uninterruptedly good. The fever, which assumed the characters of a somewhat irregular intermittent, subsided shortly after midnight, but returned the following evening. It thus continued, with varying severity and more or less irregularity, till April 9, when the high color of the urine attracted attention. On the 14th, this high color had greatly increased. Between these two dates the urine had soaked into the napkins in the ordinary way; but on the latter date, at the request of the medical officer in attendance, it was voided (with evident suffering) into an eight-ounce measure-glass.

The secretion, which emitted little or no smell of urine, looked like pure blood, and soon separated into two distinct portions—a dark-red deposit, and a clear supernatant fluid resembling liquor sanguinis. On putting some of the deposit under the microscope, large quantities of (apparently) crystals of oxalate of lime were seen, with urates, and entire red corpuscles mixed with what was no doubt the *débris* of others. Owing to a singular oversight the

liquor was not tested with the care with which it might have been. It would, doubtless, have been found full of albumen. The child was now, as may be supposed, very weak.

The attack being (presumably) malarious, it was decided to give quinine in full doses to the mother, this being considered a safer course than administering so powerful a drug direct to so young an infant, whose stomach was, moreover, very irritable. Five grains were, therefore, prescribed, to be taken in the evening, in anticipation of the expected paroxysm. Ten grains were given in five-grain doses on the following day, and repeated daily till the 17th, when, improvement having taken place, the doses were reduced. Gallic acid was added to the first three doses of quinine, but was then discontinued, as the infant was griped, and there was no amelioration. No decided change occurred in the urine until twenty-five grains of quinine had been taken. Then the napkins were decidedly lighter; and from this time the renal secretion was rapidly restored to its normal condition.

On the 18th it was quite natural, and the fever had (for the nonce) altogether disappeared.

The child remained weakly for some weeks (and even months) afterwards, and symptoms of fever showed themselves occasionally; but quinine, taken by the mother, always arrested the attacks.

On May 12, rather extensive discolorations (from purpura) appeared on an arm and a leg, and more slightly on the trunk. These, too, yielded to quinine and tonics.

The little patient remained under my observation till September, 1874, when I left the station. During that period his health varied. For a few weeks together he would, apparently, be quite well; then, under irritation from teething, feverishness or diarrhœa would throw him back; but the abnormal condition of the urine never returned.

The Prophylaxis of Diphtheria.

Dr. J. L. Smith says, on this subject, in the *American Journal of Obstetrics*:—

When diphtheria is prevalent, indisposition on the part of a child, and especially febrile symptoms, or defluxion from the nostrils, should at once arrest attention. Although there is no complaint of soreness of the throat, the fauces should be carefully inspected, and if they seem too red, frequent gargling with one of the chlorates should be prescribed; or if the patient is too young to gargle, he may swallow the solution, care being taken that the quantity swallowed does not exceed from two to four grains, every hour, or second hour. If the redness be considerable, and especially if a little whitish substance, whether a secretion or exudation, appear in the depressions over the tonsils, it is safer, in addition to the use of the chlorate, to brush the fauces with the carbolic acid mixture, presently to be described, two or three times daily, or oftener.

If diphtheria occur in a family, not only is prompt isolation from the other children imperatively required, but the fauces of these children should be examined daily, and if the least evidence of inflammation appear, the treatment recommended above should be immediately employed. By such precautionary measures, there can be little doubt that much of the diphtheria which is now so fatal might be prevented.

Does quinine exert, in any way, or to any extent, a controlling influence over the diphtheritic virus? My observations do not enable me to give a positive answer. I can, however, recall to mind a few instances in which children who had been exposed to diphtheria from its presence in the family, took quinine in moderate doses, each day, as a preventive, and although the disease appeared in them after a few days, its type was mild, while I recollect no instance in which the malady, occurring under such circumstances, was severe. I, therefore, think favorably of the use of quinine as a preventive in children, who are so exposed to the diphtheritic virus that there is a strong probability that they will contract the malady, although I believe it is not so important or necessary as a strict surveillance of the state of the fauces, and the employment of topical remedies, as directed above.

Indications for the Forceps.

In the *Transactions of the Medical Society of West Virginia*, Dr. Wesley H. Sharp says:—

After a careful review of this subject, there may be the following indications for the use of this instrument, given in cases of non-natural labor. 1st. Where there is slight contraction of the superior straits; in cases of hemorrhage and convulsions; in some cases of rigid os uteri; when membranes have ruptured and slight dilatation has taken place, other remedies failing; and in natural labor, where there is no progress of the head through the pelvic straits, from any of the following reasons: 1st. Where the pains are irregular, from uterine debility, there not being sufficient *vis a tergo* to compel the head to advance. 2d. Where there is such rigidity of the soft tissues of the vagina and perineum, especially in primiparæ, as to offer too great resistance for the uterine forces to overcome, except at great expense of the mother's vital forces. 3d. Where there is such constitutional disease on part of the mother as to render it very desirable to husband her strength as much as possible. 4th. Where this resistance is caused by disproportion between the foetal head and pelvic passages, by excess of the former, especially as likely to attend male births. 5th. Where there is uterine debility, caused by exhaustion following long-continued uterine action, such as we often see in cases of protracted labor, which have been in the hands of our "old women," or midwives. 6th. In cases of tonic contractions of the uterus upon the foetus, such as often follow the use of ergot; in these cases, especially, for the sake of the child. 7th.

In some cases, especially in country practice, to save delay for the physician (who is expected to remain with his patient until labor is over). 8th. In some cases of mal-position, where other means fail.

Gelseminum Sempervirens as a Remedy for Cough.

Dr. J. Roberts Thomson, M.D., M.R.C.P., physician to the National Sanatorium for Consumption and Diseases of the Chest, Bournemouth, writes to the *British Medical Journal*:—No symptom in pulmonary complaints more frequently calls for treatment than cough. The skill and the resources of the physician are alike taxed by its persistency or its severity, by the failure of medicines to relieve, or by the intolerance of remedies by the patient. In most cases, this symptom is so urgent and so harassing, that we must treat it. For this purpose, I believe we have in *Gelseminum sempervirens* a very valuable addition to our armamentarium. Of late, this drug has received some attention in this country, with reference to its action in nervous affections, but, so far as I know, little has been said with regard to its use in cough. I have administered it recently to a large number of patients suffering from pulmonary disease, as a cough sedative. The following cases will illustrate the results which have been obtained.

E. N., a young lady, aged 21, had a large vomica at the apex of the left lung. The rest of that lung was dull on percussion. Respiration was bronchial, and there was coarse crepitation both with inspiration and with expiration. The vocal resonance was bronchophonic. The upper lobe of the right lung was also the seat of limited softening. There was much troublesome cough, with copious expectoration. Tincture of gelseminum was administered in five-minim doses; this gave very great relief to the cough, which was most marked towards evening, the time at which the cough was most troublesome. The patient expressed great faith in the remedy, and preferred it to any other sedatives, of which she had a great many. No bad effects were observed from its use. There was no nausea or sickness produced, and the appetite was not impaired.

N. T., a married lady, aged 30, had dullness on percussion over the upper half of the left upper lobe. Over the area of dullness there were bronchial breathing, fine crepitation, and bronchophony. She had a very irritable and spasmodic cough. The expectoration was very slight, and muco-purulent. Eight-minim doses of tincture of gelseminum produced marked relief of both hacking and spasmodic cough. No unpleasant effect was produced by the remedy.

J. M., an unmarried woman, aged 26, had chronic phthisis in the second stage, over the whole of the left lung and the upper half of the right. She had an extremely irritable cough, especially in the night, which did not yield to any of the usual sedatives. Five-minim doses

of tincture of gelseminum gave very great relief, and enabled the patient to get a fair amount of sleep.

J. H., an unmarried man, aged 35, had chronic phthisis in the third stage, in the right lung. The deposit was scattered all over the left lung. His cough was very troublesome. Little relief was obtained from the usual remedies. Five-minim doses of tincture of gelseminum proved most useful in checking the cough. No unpleasant effects were noticed.

E. M., a young lady, aged 24, had congestion of the left apex, trachea, and larynx, and an excessively irritable cough, resisting all remedies, general or local. Tincture of gelseminum in five-minim doses, combined with syrup of codeia, gave great relief.

J. G., an unmarried lady, aged 32, was subject to severe attacks of spasmodic asthma. Her attacks usually yielded best to bromide of potassium with belladonna; to this tincture of gelseminum was added, and the attacks were markedly much milder, and of shorter duration. No unpleasant effects were observed.

Therapeutical Use of Anilin.

In the *Pacific Medical and Surgical Journal*, Dr. H. M. Fiske states that Dr. Justin, of Marseilles, finds anilin a valuable remedy in chorea.

In one case the physician had given iron, quinine, and strychnia, valerian, and the multitude of remedies usually prescribed in such cases. But the spasmodic movements grew worse instead of better, and, in despair, he consulted Dr. Justin. On being brought into his presence in an invalid's chair, he noticed the general cachectic and dreary appearance of the countenance, as indicating tuberculosis, and muscular degeneration, common in the youth of that sunny clime.

The spasmodic movements were so great that she could hardly be retained in her chair, the least air or disturbance renewing them. He bethought himself of anilin, as one of the products of the coal tar, and gave it in one-grain doses, four times a day, in pills, in connection with extract gentian, directing the patient's bowels to be kept open with a pill, made after the following formula, one which he had found very useful in chronic constipation of adults:

R.	Nit. bismuth,	grs. xx	
	Sulph. alumin,	grs. xxx	
	Ext. gentians,	q. s.	M.

Ft. pil. xx.

Sig. One night and morning.

These were given so long as the constipation lasted, which was about two weeks.

The anilin, at first, produced a little nausea, which soon subsided. After the fourth day of treatment it was continued with camphor, made into pills, one grain each. In two weeks the case was cured. Dr. Justin reports several cases in which like results followed. Dr. Peter Jones, of Terra Haute, Indiana, has also used

it, with like success, in several cases, notably one which had continued for fifteen years. Dr. Aaron Wilson, of Nachitoches, has also used it, especially among the negro population, and with marked success. It is best to commence with half-grain doses of the medicine, gradually increasing, till two grains are given for a dose. Of the sulphate, three or four grains, gradually increased to eight or ten grains, may be used. It frequently produces a blueness of the skin, which soon passes away, and need not create any alarm.

A Plaster to Arrest Post-partum Hemorrhage.

Dr. P. Boyce writes to the October number of the *Virginia Medical Monthly*:—

Some years ago I had a case of post-partum hemorrhage, which, notwithstanding my best directed efforts, seemed to threaten the life of my patient, when an "old woman" told me to take the "white of an egg and mix with it enough alum to form a plaster, and place on her back, close above the hips," which, I must say, to my surprise, checked the bleeding immediately. Since then, I have tried it in eighteen cases, and have found it to work like a charm, almost without a failure. I believe the above will prove of great value in the hands of the profession, while it possesses the advantage of not standing in the way of the treatment of the patient by other remedies at the same time. Many will laugh at such a prescription, and I do not attempt an explanation of its *modus operandi*. But, as amusing as it may seem, or as unscientific as the prescription may be, I yet know it does good.

Professor Verneuil on the Influence of the Liver on Traumatic Lesions.

At the recent Medical Congress held at Brussels, Professor Verneuil read an interesting note (published in the *Gazette Heb.*, October 8) on "The Influence exerted by prior Lesions of the Liver on the progress of Traumatic Lesions." He proposed, he said, to demonstrate that wounds and operations in the subjects of an affection of the liver are often followed by grave consequences. This idea, which he brought before a former Congress, in 1867, and which some of his pupils have since illustrated, was first suggested to him by the perusal of a remarkable paper published by Dr. Norman Chevers, in 1845, which has excited too little attention. Chevers has proved to demonstration, as regards renal affections, that they exert a most unfavorable influence on traumatic lesions, stating, at the same time, that he possessed only imperfect data concerning the influence of the liver and spleen. The numerous facts that have come under M. Verneuil's notice enable him to state that the liver exerts as unfavorable an influence as the kidney. The three points to be noted are, the hepatic lesion anterior to the accidental or surgical wound, the nature of this wound itself, and the kind of accidents that ensue. M. Verneuil has met

with—first, most of the affections of the liver (cirrhosis, steatosis, waxy or amyloid degeneration, old perihepatitis, secondary neoplastic deposits, biliary gravel, and hydatid cysts); secondly, with a great variety of surgical lesions as regards seat, extent, and gravity (compound fractures of the leg, fractures of the cranium, amputations of the thigh and leg, excision of the hip, kelotomy, fistula in ano, paracentesis, ablation of tumors, etc.); and thirdly, with nearly every traumatic complication (hemorrhage, diffuse inflammation, septicæmia, pyæmia, etc.).

In face of this triple enumeration, M. Verneuil has put the question to himself, whether a given hepatic affection corresponds to a determinate accident, or whether a wound received by a sufferer from hepatic disease engenders any complication in preference to others. As far as his experience has gone, he has found that any lesion of the liver is able, on the occasion of any kind of wound, to provoke indifferently one or other of the accidents enumerated above; and that, reciprocally, any of these accidents may exhibit themselves in all hepatic patients the subjects of wounds. In the meantime, awaiting more precise knowledge, he thinks that it is still very useful to be aware that in these cases, the traumatic centre has a chance of giving rise to an early or late hemorrhage, or of being invaded by phlegmon or gangrene, and also to know that intense and rapid phlegmasiæ may become developed in the liver itself, or in the organs that surround it.

Hot Water in Surgery.

The New York *Medical Journal* states that, in Bellevue Hospital, hot water has, within the past few months, been used in the treatment of some injuries, with marvelous results. We extract the following examples:—

The water in the bath varies from 100° to 105° Fahr., and is changed as soon as it falls below this. An additional advantage is obtained by the change of the water, as any discharge which forms is removed.

Compound Comminuted Fracture of Metacarpal Bones.—The patient was engaged in a machine shop, and while his hand was upon the anvil of a trip hammer, the hammer—weighing seven hundred pounds—fell. It so happened that a file was on the anvil, and in this way the force of the hammer was arrested about half an inch before it reached its bed. When the hand was examined, it was found that the whole of the palm was a mass of pulp. The metacarpal bones were comminuted extensively, and there was apparently but small chance of saving the hand. It was, however, placed in hot water, and kept there for two or three weeks; and, at the end of that time, taken out and dressed. In three months the patient was sufficiently well to leave the hospital, and at present—nine months since the accident—he is able to move the fingers, and has a useful hand.

Compound Dislocation of the Ankle Joint.—

The second case was one of compound dislocation of the ankle joint, in which the proximal end of the first metatarsal bone protruded from the foot. The dislocation was reduced, and the foot placed in hot water. At the end of a week it was taken out and dressed in the ordinary manner. At the present time the foot is doing well, and promises for the patient a good result.

Compound Fracture of the Metatarsal Bones.

—In this patient, the second, third, and fourth metatarsal bones of the foot sustained a compound fracture by a mass of rock falling on them. The foot was kept in the bath for fourteen days, and at the end of that time it was removed, and treated in the usual manner.

Kristeller's Method of Delivery.

Dr. A. Grättinger, of Milwaukee, reports, in the *Transactions* of the Wisconsin Medical Society, several successful deliveries by this method, which he describes as follows:—

In performing this method, the physician stands at one side of the parturient woman, who is placed in the dorsal position, uncovers the abdomen, isolates the womb from the neighboring organs by gently displacing the intestinal convolutions, and rectifies any obliquity of the womb by bringing its long axis into coincidence with that of the pelvic brim. Now, he grasps the uterus with his hands, in the following manner: his little fingers point to the pelvis, his palms are applied to the fundus of the uterus, or upper portions of its sides, his thumbs to its anterior wall, his fingers, spread not too far apart, try to reach the posterior wall. The abdominal integuments being lax, he can do the latter quite easily, but also in fat and rigid integuments he will succeed with a little perseverance. He should apply his hands at equal heights. Then, after gently rubbing the parts grasped, he commences to press slightly downward, increases the pressure gradually, keeps it at a certain height from five to eight seconds, and diminishes it gradually. After an interval of from one to three minutes, he commences again. He may change the places of pressure. The os not being dilated very much, he should apply the pressure to the upper portions of the sides of the uterus, but the os being dilatable, or completely dilated, to the fundus. These compressions are to be repeated ten, twenty, or thirty times. In difficult cases, the physician may pause for ten or fifteen minutes, after ten or fifteen compressions. Toward the termination of the birth they should be made in more rapid succession. Sometimes a few of them suffice to terminate a case which had been lingering for many hours. If a marked effect is not produced by twenty or thirty compressions, they should not be continued any longer.

Kristeller's "Expressio fœtus" is applicable to all cases of inert labor, particularly when the head is arrested at the pelvic floor, or the shoulders are detained after the birth of the head.

It is invaluable in cases of breech presenta-

tions, which linger after they have progressed too far to bring down a foot. It may assist the manual extraction of the breech, or be applied alone. What mischief has been done by the blunt hook, applied to a living child, only he knows who has been instructed in its use. Its application to a living child should be avoided. The fillet, in place of the blunt hook, is also liable to inflict injuries, if there is much resistance to be overcome by strenuous pulling.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—The *American Journal of Microscopy*, the first number of which appeared December 1st, is a neatly printed and illustrated sheet. Price 50 cents a year, single number 6 cents. Industrial Publication Co., 176 Broadway, New York City.

—The *Journal of Anatomy and Physiology*, October, 1875, makes a handsome octavo of 220 pages. It contains a series of histological studies, chief among which is Mr. F. M. Balfour's article on the Origin and History of the Urino-genital Organs of Vertebrates. Mr. Langley investigates the action of jaborandi on the heart, illustrated with tracings.

—In Dr. John Curwen's report, as Superintendent of the State Lunatic Hospital of Pennsylvania, the duties of parents and teachers toward children are forcibly set forth. Want of discipline at home, and too much confinement at school are what he complains of.

BOOK NOTICES.

A Text Book of Human Physiology: Designed for the use of Practitioners and Students of Medicine. By Austin Flint, Jr., M.D., etc. Illustrated by 3 Lithographic Plates and 313 Woodcuts. New York, D. Appleton & Co., 1876. 1 volume, cloth, 8vo, pp. 978. For sale by J. B. Lippincott & Co.

This very exhaustive and handsome volume is based on the author's well known large treatise, in five volumes. While that was a complete library on physiology, this is a practical text book, presented with the skill of one who for years has been both an earnest experimenter and a distinguished public teacher of the science.

The earliest chapters are upon the blood and

circulation. The remaining organic functions, the nervous system, and the problems of generation, are then taken up and disposed of. The mass of observation and theory which, of late years, has accumulated, with unexampled rapidity, around every physiological topic, is sifted with a ready hand, and only that presented which is well supported and of direct application. It would be difficult to find the equal of this text book, as a text book of the subject, in the English language. It bears, throughout, testimony to the most conscientious labor. The style is easy and clear, the illustrations exceedingly well drawn, engraved and printed; and the paper, slightly tinted and of excellent surface, sets them off to great advantage. We predict for it a long popularity among both students and practitioners.

Hints in the Obstetric Procedure. By Wm. B. Atkinson, M.D., etc. 1 vol., 8vo, cloth, pp. 89. \$1.25.

This practical little volume is based upon an address of the author before the Philadelphia County Medical Society. His well-known ability in the department of medicine to which it is devoted gives a guaranty that it embraces in small compass the ripest and most trustworthy precepts of the art of midwifery touching delivery. Repudiating at the outset the "do nothing" system, he points out, in terse and lucid language, the principles which should guide the accoucheur in the crisis of his experience.

In the same compass, the young practitioner will not find in the language a clearer, fuller and safer guide.

A Practical Treatise on Fractures and Dislocations. By Frank Hastings Hamilton, A.M., M.D., LL.D., etc. Fifth edition, revised and improved. Illustrated with 344 wood cuts. Philadelphia, H. C. Lea. 1875. pp. 831.

This standard work is presented in this new edition after a careful revision. Many practical observations have been added, and the number of pages and woodcut illustrations have been increased. The progress which has been made in mechanical surgery since the work first was issued, has been great, but the author will be found to have watched the inventive mind of the age closely, and to have omitted nothing which a sound judgment has endorsed. The general arrangement of the book continues the same, and in point of manufacture it leaves nothing to be desired.

THE
Medical & Surgical Reporter,

A WEEKLY JOURNAL,
Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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D. G. BRINTON, M. D.,
115 South Seventh Street,
PHILADELPHIA, PA.

ON COMPULSORY VACCINATION.

The *nimia diligentia medici* has been too conspicuously condemned, of late years, for us to sin against that musty maxim now. If people are "peculiar," and choose to confine their doctoring to prayer and the laying on of hands, let them do it, say we, just so far as their silliness does not hurt their neighbors. But when it comes to dangerous contagious diseases, it is high time that the Law interfere to protect the innocent.

On the latter ground, thoughtful sanitarians are at one in advocating compulsory vaccination. Were small-pox not contagious, my neighbor might vaccinate himself and live, or take small-pox and die, and my remonstrances to him for choosing the latter would be based on my friendship for him, just as I advise him to avoid wet feet. But small-pox is contagious. His refusal to be vaccinated endangers my life, and in spreading it, he injures my property by

increasing my taxes for the sick. Now, therefore, I should be protected against him. He should be vaccinated, will he nill he.

If we could predicate ordinary sense and affection in parents, we might trust to those qualities to induce the taking of this precaution without compulsion. But we cannot. In his report as Health officer of San Francisco, for last year, Dr. Henry Gibbons, Jr., writes:—

"Evidently little attention has been paid to vaccination. It is altogether probable that but a moiety of the children born during the year have received this protection. If we consider the large number of children of a larger growth who are yet unvaccinated, we may comprehend how vast an amount of food is already prepared for the dreaded scourge."

Physicians are awakening in earnest to this question, as several recent articles show. In the *Transactions* of the Wisconsin State Medical Society, Dr. E. L. GRIFFIN has an earnest discourse on the topic, the key-note of which is in the following passage:—

"In our judgment, *compulsory measures* are the only effectual safeguard against the dangers entailed on our communities by neglect, by delay, by indifference, by prejudice, by ignorance and willfulness; and the considerate, the law-abiding humane people, everywhere, owe it to themselves and society, as a duty, to press the subject upon the attention of our legislators until we obtain the passage of a law that shall secure to every person and family, at least in our corporate cities and villages, the benefits of vaccination, and re-vaccination where necessary. Such a law would have an end so great, so grand, so pregnant with human weal, that nothing at present within the scope of the efforts of this society would be at all comparable to it in promised good.

"I cannot see how our legislatures, in view of a due regard for the public good, could hesitate to pass such a law, making vaccination compulsory, for it may be observed that intelligent people, as well as the ignorant, may be negligent, or may be willful, and that where the means of defence are afforded to all, for their voluntary employment, there is yet not all the good accomplished that the general welfare requires."

His arguments are sound and to the point, and we commend the paper to the careful perusal of the profession.

Compulsory laws exist in every European country, without exception, and generally are enforced, especially so in Scotland and Belgium. The results are most beneficent.

Of course, there are some who oppose them. So far as their objections are scientific, we discussed them in this journal a few weeks ago. There remain those which are moral or theological. We expect that those medical and clerical gentlemen who seem to think the great-pox is a visitation of Divine Providence for sin, and must not be hindered by enactments of man's legislatures, might hold some similar view about the small-pox. Their opinions we rank with the religious convictions of the natives of Yucatan. In 1849-50 this peninsula lost about 30,000 souls, nearly one half its population, chiefly through an epidemic of small-pox. To prevent the ravages of this disease, the Government decreed compulsory vaccination; but the decree had no effect, as the Yucatanese believe that the pits of small-pox are signs by which the Virgin Mary recognizes her servants, for whom, exclusively, the gates of heaven are opened. Thus the inhabitants object to vaccination, and those upon whom it is forcibly performed cut off the piece of skin on which the vaccine matter has been deposited.

As we might expect, the chief opposition to vaccination in England comes from the same set who oppose the contagious diseases acts—the sentimental religious class. A "Reverend" is head of the anti-vaccination league, and a few fanatic medical men back him. The enemies of the welfare of man, are these wolves in sheep's clothing, those who claim to be of the household of faith and science, and do despite to both.

—The Board of Health of this city says:—The Board of Education is respectfully requested and urged to enforce the rule which declares that no child shall be admitted or continued as a pupil in any public school, who has not been vaccinated.

NOTES AND COMMENTS.

Stomatitis Materna.

Dr. J. B. Hoag writes to the *Journal of Materia Medica*:—

I have recently come in the possession of a prescription, which, from the testimony of those who have repeatedly used it, and in whom I have most explicit confidence, as well as from my own experience and observation, I believe to be, when thoroughly and judiciously used, as nearly a specific in this complaint as it is possible for any medicine to be in any disease.

The prescription is as follows, viz:—

R.	Biniiodide of mercury,	grs. v
	Iodide of potassium,	grs. x
	Water,	℥j. M.

Dose, gtt. 3 to 5, three times a day, after meals. For topical use, add 6 drops to a table-spoonful of water, and wash the mouth thoroughly three or four times a day.

It is of great importance that the water should contain no alkaline properties, hence the necessity of using distilled, rain, river or other "soft" water.

It should be given after meals, as, when given on an empty stomach, it is liable to nauseate.

Prof. Bouchardat's Rules for Glycosuric Patients.

If the urine voided in twenty four hours exceeds two and a half pints, take as little fluids as possible, even such as soups, broths, etc.

Drink little at a time; rinsing the mouth with iced water will be found to give relief.

Thirst may be relieved by chewing, slowly, small pieces of dried cocoa, or better, olives, or coffee beans.

Two meals a day (one at 10, and one at 6) are better than three.

Avoid repose and sleep after meals, for which a walk after meals is useful.

Don't go to bed until four or five hours after the last meal.

Abstain from drinking coffee and smoking.

The Medical Relations of Twins.

In *Fraser's Magazine*, Mr. Francis Galton has a curious article on twins. His conclusions are instructive, medically. The close resemblance of physical condition, which amounts, in many cases, to a practical physical identity, renders twins liable to be affected in an identical manner, by common influences to which

they are exposed. Contagious diseases, accordingly, nearly always affect twins simultaneously, who are together. Diseases which are not contagious, but depend on external circumstances of very uncertain effect, frequently attack twins at the same time. Asthma and ophthalmia are instances of this, of which examples are cited from Trousseau. Still more striking are the examples in which diseases which can scarcely be said to be related to external conditions—diseases which, at any rate, are mainly the result of internal predisposition—occur at nearly the same time in twins. Mental derangement affords a striking illustration of this, of which some remarkable instances have been collected by Mr. Galton. In another case, two twin brothers died, at almost the same time, of Bright's disease.

The Value of Trees in Towns.

Mr. Griffith, Medical Officer of Health, says: "In the formation of new streets, and on the eve of the contemplated widening and alteration of old ones, it is to be hoped that an effort will be made to provide for the planting and establishment of trees wherever practicable. From a sanitary point of view, the benefits are of incalculable value; it has been asserted that the aggregate surfaces of the leaves of well-grown elm, lime, and sycamore trees, with their 6,000,000 to 7,000,000 leaves, equal about 200,000 square feet, or about five acres; and these are almost constantly absorbing and digesting the carbonic acid and various exhalations given off by the putrefaction of animal and vegetable matter, and, as if grateful for such support, return into the air pure oxygen, which re-invigorates and renews animal life. Trees thus remove poison from our midst, and to be without them is an oversight. Trees can be had which will exist, with suitable attention, in any part of the city."

Effect of Saline Solutions on the Stomach.

At a late meeting of the Academy of Natural Science, in this city, Prof. Frazer stated that in a recent conversation with Dr. Sterry Hunt, on the subject of the effect of saline solutions on the human stomach and intestines, he suggested, as his explanation of that effect, that it was primarily mechanical, or physical, consisting, in fact, of a dialytic action set up between the dense solution in the stomach and the less dense solutions in the tissues and lacteals communicating

with it, the walls of the stomach and intestines forming the dialyzer, or diagram through which the action takes place. The diffusion, he suggested, in accordance with Graham's well-known law, produces a greater flow of the less dense solution inward, than of the denser outward, from the stomach, and as a consequence, the filling of the latter and the draining of the small vessels. That repletion produces, by reflex action on the nerves occupying that portion of the human body, the further effects observed, is well known.

Salicylic Acid Notes.

At a meeting in this city lately, Professor Remington related an instance in which salicylic acid, dusted upon the surface of wounds, could not be endured, from the irritation produced, while in solution, the difficulty did not arise.

The best solution is made by heating the water and acid in a close vessel. It will then contain three grains to the ounce.

Some experiments continue to give it decidedly the preference over carbolic acid. For one purpose, however, it cannot be used, that is, for disinfecting surgical, obstetrical, and other instruments, since it oxidizes steel with great rapidity.

In the *American Journal of Medical Science*, Dr. George H. Boyland gives eight cases of venereal treated by salicylic acid. They do not, however, bear criticism, so far as the acid is concerned. The treatment, to which it was merely an adjuvant, would have cured without it.

Carious Teeth.

Dr. Lardier advises, in *L'Union Médicale*, to drop some collodion into carious teeth, after the latter have been cleaned and dried. The liquid collodion exactly fills the cavity of the tooth the ether evaporates, and narcotizes the nervous twigs. By solidifying, the collodion protects the tooth from the contact of the air. Dr. Lardier states that he has thus succeeded in relieving many patients.

The Tuckabo.

At a meeting of a pharmaceutical society in this city last month, Dr. Miller presented a curious fungous growth obtained from the south, where it is occasionally found as a parasite on the roots of larch trees; in the far West it is used as an article of food by the Indians, and is known as tuckabo, or Indian head. Its botani-

cal name is *lycoperdon solidum*. It contains about 82 per cent. of starch, and 4 per cent. of nitrogenous matter, so that it is highly nutritious. Occasionally the fungus attains large dimensions, equaling a man's trunk in size, or resembling a human head in shape, whence the name of Indian head.

The Hours of Death.

In the *West Riding Reports*, Dr. Robert Lawson has a curious study on this subject. His conclusions are:—

"1. That there are some hours which are associated with a great liability to death. 2. That in acute and chronic diseases, the maximum hours of death are widely different. 3. That in chronic diseases a very large proportion of deaths occur at a period which may be said to range through one hour before, and one hour after 9 o'clock A. M. 4. That acute diseases are characterized by two periods of marked mortality—the first in the dead of night, the second in the afternoon."

On Strychnine Poisoning.

A writer in the *Scientific American* (Nov. 27) gives the following as the treatment in strychnia poisoning, discovered by Dr. Grace Calvert, in 1852. The remedy is: To counteract strychnine, and cause it to be brought away by vomiting (if it has not been taken more than thirty minutes), pour down the throat one-half a grain of nitrate of soda every twenty minutes, until vomiting takes place. The patient will then sleep about forty hours, and awake all right.

CORRESPONDENCE

The Mortality in Normal Ovariectomy.

[The following letter has been kindly written us by Dr. Battey, in reply to an inquiry made through us as to the danger to life in the operation of which he is the originator.—EDITOR REPORTER.]

ED. MED. AND SURG. REPORTER:—

In response to your question, "What danger to life" may be expected in the performance of my operation for removal of the ovaries, I would say, that the number of cases is as yet entirely too small to justify any definite conclusions.

I have, myself, operated ten times; I have

the published accounts of but three cases by other operators; and if we may add to these three cases (Thomas, Gilmore, Battey) of Thomas' operation of vaginal ovariectomy, which may be assumed to represent similar dangers, we would have a total of sixteen operations. Of this number, the mortality has been two; and it is perhaps well that the two fatalities have both occurred under my own hand. I have not at any time claimed for my operation an immunity from danger, nor am I disposed to shield either myself or my proceedings from all proper responsibility; but it is pertinent to the question you ask to say, in connection with these two deaths, that the first occurred in a patient who was already convalescing nicely, to all appearance, from the operation, on the ninth day, from the discharge of a small pelvic abscess into the peritoneal cavity, from which the pus had no outlet. The other death took place upon the third day, and, as no autopsy could be obtained, the cause of death cannot be definitely stated. It is, however, probable, from the symptoms presented and the previous history, that the giving way of a long-weakened heart was an important factor in the fatal issue.

Respectfully yours,

ROBERT BATTEY, M. D.

Rome, Georgia, December 7th, 1875.

The Cold Water Treatment of Scarlatina.

ED. MED. AND SURG. REPORTER:—

Noticing a letter in a late number of your journal, on Dr. Corson's mode of treating scarlatina, and being the originator of the plan, it brings to mind the manner in which I first became acquainted with it.

A great many years ago, when I was a very young man, I was called to see some children, in the neighborhood of an old steam doctor, who had a patient at the same place, who, on seeing the children before leaving, told the mother that the disease was scarlet fever, and advised the free use of cold water, externally applied.

The children were in a desperate condition, tossing from side to side, and so hot that I could hardly bear my hand upon them. Not knowing any better plan to cool them, I readily fell into the old steamer's plan of treatment, contrary to the remonstrances of the grandmother, and soon had them cool, pleasant, and in a refreshing sleep. This plan, so far as it goes, I have kept up until the present day, and as humiliating as the fact of learning it from the source I did may be, I have had cause, many times, to thank him for his friendly suggestions. I do not doubt the fact of its being original with Dr. Hiram Corson, and was very glad to see its promulgation and advocacy by so able a pen as he wields. Yours, etc.,

Cuthbert, Ga.

W. B. TACKETT, M. D.

—Dr. William Bard, of Kingville, Ohio, died suddenly of heart disease, December 7.

NEWS AND MISCELLANY.

Medical Society of the State of Pennsylvania.

ED. MED. AND SURG. REPORTER:—

Please insert the following:—

In printing the report of the Nominating Committee to the State Medical Society, at Pottsville, by accident, one entire sheet of that report was mislaid, and hence was omitted. It is as follows:—

Page 477, volume of *Transactions*, after committee of Publication. Add—

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

Drs. Joseph Swartz, Perry Co.; R. Clarke, Blair; Thomas W. Shaw, Allegheny; T. J. Gallaher, Alleghany; Hiram Corson, Montgomery; L. DeB. Kuhn, Berks; P. D. Keyser, Philadelphia; Isaac Pursell, Montour; J. S. Crawford, Lycoming; Traill Green, Northampton; D. Hayes Agnew, Philadelphia; R. B. Mowry, Alleghany; Amos Seip, Northampton, Charles Horner, Adams; Lewis Darling, Jr., Tioga; Thomas Lyon, Lycoming; J. H. Vastine, Columbia; J. Criswell, Clarion; J. M. Livingston, Lancaster; W. C. Coleman, Westmoreland; P. C. Newbaker, Montour; R. V. Spackman, Montour.

Then should follow the names as printed.

Truly yours, W. B. ATKINSON, M. D.

Dec. 13th, 1875.

The Presbyterian Hospital, New York.

This Institution has taken a step of grave moment to the profession at large. The managers dropped four of the attending physicians, assigning no reason for the change. A number of prominent medical men, Dr. T. L. Markoe presiding, held a meeting and passed the following resolutions, which ought to express the sense of the profession everywhere:—

Resolved, That they believe that the four gentlemen dropped from the medical staff have not been treated with common justice.

Resolved, That no medical man should place himself in a position from which he may be dismissed without charges preferred, or hearing allowed.

Resolved, That in consideration of the primary importance of the relations of the medical profession to all hospitals and dispensaries, it is the sense of this meeting that similar occasions of disagreement between the Boards of Directors of hospitals and dispensaries and their medical staffs, as well as grave faults in the management or in the construction of hospitals, can be avoided only by an adequate representation of the medical profession in the membership of the Boards of Direction.

—Small-pox and diphtheria are prevalent, and very fatal in Newark, Brooklyn and vicinity.

Personal.

—It will be a satisfaction to many American physicians to learn that Dr. London, of Vienna, who was for nine years physician-in-chief to the Rothschild Hospital, in Jerusalem, has established himself at the Carlsbad Springs, in Bohemia, one of the most celebrated watering places in Europe. We can recommend him as a safe and intelligent guide for their patients.

—The venerable Prof. N. R. Smith, M. D., of Baltimore, lately presided at a largely attended meeting in Baltimore, to express indignation at the manner in which the election, on November 2d, was conducted in that city.

—A telegram from Ottawa states that the sentence of death upon Dr. Davis and his wife, for the murder of Miss Gilmour, has been commuted to imprisonment for life. The commutation is a reward for their confession, by which the conviction of the betrayer of their victim is secured.

—The Commissioner of Education has requested Dr. Hough, of Lowville, N. Y., to prepare a pamphlet, "to be complete in all that expressly relates to educational, literary, or scientific matters in the constitution of each State, from the beginning down to the present time."

—Dr. Geo. A. Sterling, of Sag Harbor, has written us, that in the account of the operation described in the *REPORTER*, November 20, he should have been more explicit in stating that it was performed by Dr. Rogers, under whose direction the after treatment was also carried out.

—Dr. J. T. Watson, an old and respectable citizen of Rising Sun, Indiana, was shot, and perhaps mortally wounded, by a young lawyer, named Jelly, on December 10. Jelly had been a lover of the doctor's daughter, but was recently notified that he must cease to visit her.

—The body of Dr. Dunham, of New Brunswick, N. J., whose mysterious disappearance was reported December 11, was found in the canal, near where his memorandum was found. His throat is said to have been cut from ear to ear, and his pockets turned inside out.

—At the late meeting in Richmond of the Association of Confederate Surgeons, Dr. Hunter McGuire was elected President, and Dr. B. M. Wible, of Louisville, Vice President, for the ensuing year.

Items.

—A French veterinarian says that, while noting the fact that the "foot and mouth disease" seemed invariably to spare cattle affected with cow-pox, he vaccinated a number of oxen as a preventive measure, with the result, that "not one of the twenty-five beasts successfully inoculated has, up to the present time, shown any sign of foot and mouth disease, although living among animals largely infected with it."

—The November temperature in Philadelphia was as follows:—Mean, 40 degrees; highest, 62 degrees, on 13th; lowest, 8 degrees, on 30th; range, 54 degrees; greatest daily range, 28 degrees, on the 12th. The range is the greatest and the minimum temperature is the lowest that has been observed at this station for the past five years.

OBITUARY.

DR. JAMES H. ARMSBY.

President and Professor of Surgery of the Albany Medical College, Albany, New York.

Dr. Armsby lectured before the students of the Medical College the day before his death. He subsequently called upon the family of Judge Harris, to condole with them in their bereavement. He was with the remains for some time, and became chilled by the low temperature of the room. The sensation of cold continued so perceptibly that he made it the subject of remark, but expecting that it would soon pass off, he entered upon his usual office and literary labors, writing, as was his custom, until after 11 o'clock, when he retired. At 5 o'clock in the morning he called one of the family, to whom he expressed the fear that he was seriously ill. His son, with other members of the household, was immediately called, and such remedies as were deemed appropriate administered. But they were of no avail. The lungs rapidly congested, and he died at 6 o'clock.

Dr. Armsby was born in Sutton, Massachusetts, in 1808, and came to Albany in 1830, as a student of Dr. Alden March; and after graduating, became associated with him as partner and assistant teacher of anatomy. Then a full professor of anatomy, which position he retained until the death of Dr. Alden March, in 1869, when he succeeded him in the Chair of Surgery. On the death of Dr. McNaughten, in 1873, he became President of the faculty of the Medical College. Dr. Armsby was a very superior anatomist, and many of his dissections are remarkable for their skill and perfection. He was also a very attractive teacher. As a surgeon he devised a new method for the radical cure of hernia, now in use in the continental hospitals. Dr. Armsby's entire life seemed to turn on the ambition to found a great university. In a great measure he succeeded. Dudley Observatory was founded through his efforts. The Medical College and Law School, and Gallery of Fine Arts, and latterly, its connection with Union College as a university, are all, more or less, the personal result of his life-long efforts.

Dr. Armsby was Consul to Naples in 1861, and connected with numerous societies, both as honorary and corresponding member. He was a man of versatile talents, with great energy, and a very careful surgeon, as well as a popular teacher.

DR. ISAAC S. HUNT.

Resolutions passed by the Tri-States Medical Association, at its regular meeting, December 1st, 1875, at Port Jervis, New York, on the death of Isaac S. Hunt, M. D., of Port Jervis.

Resolved, That in the death of our lamented brother, this Society and the profession have suffered the loss of a worthy member, and one we had all learned to love and respect.

Resolved, That we unite in tendering to the family of our late brother and associate the assurance of our deepest sympathy, not in the hope that we can lighten the burden of their sorrow, but as an expression of our claim to share their grief, as sincerely as we mourn his loss.

Resolved, That these resolutions be entered on the minutes of the Association, and that they be published in the local papers, and a copy sent to the family of our late brother, and also to the editor of the MEDICAL AND SURGICAL REPORTER, for publication.

B. G. McCABE,
WM. L. APPELEY, } Committee.
E. CROCKER,

DR. EDWARD WALLACE.

At a conversational meeting of the Philadelphia County Medical Society, held November 24th, 1875, the following resolutions, presented by Dr. Washington L. Atlee, were unanimously adopted.

Resolved, That in the decease of our late fellow-member, the Philadelphia County Medical Society has lost the services of an efficient officer, and an active and high-toned associate; the Medical profession a gentleman, distinguished for ability and urbanity; and society the influence of a valuable and esteemed citizen.

Resolved, That the chair of Second Vice President, made vacant by his death, shall not be filled during the remainder of the term.

Resolved, That we sincerely condole with the family in the afflicting bereavement which deprives them of one whose upright and unobtrusive life secured him universal esteem and respect.

Resolved, That these proceedings be entered on the minutes of the Society, and a copy of them be furnished to the family of the late Dr. Wallace, signed by the President and Secretary.

H. LEAMAN, Recording Secretary.

MARRIAGES.

GAILLY—LUCAS.—At Marion, Ohio October 24th, 1875, by Rev. D. D. Waugh, Dr. Calvin F. Gailley, formerly of Alameda, California, and Carrie A., daughter of H. S. Lucas, Esq., of Marion, Ohio.

McILVEEN—WINTER.—On the night of the 20th of October, by Rev. J. S. Groves, Dr. T. S. McIlveen and Miss Bettie, daughter of Dr. P. W. Winter, all of Fairfield, Texas.

SAYLE—MURREY.—In Little Rock, Arkansas, on Wednesday, the 1st inst., by the Rev. Dr. Welch, Dr. W. A. C. Sayle, of Lewisburg, Arkansas, and Mrs. Emma Murrey, late of Austin, Texas.

SNEED—JOHNSON.—On the 13th of October, by Rev. J. H. Hollingsworth, Dr. W. N. Sneed and Miss Alice V. Johnson, all of Fairfield, Texas.

DEATHS.

CASSELBERRY.—On Saturday, December 4th, 1875, in Hazleton, Pa., of pneumonia, Mrs. Dr. J. H. Casselberry, in her 47th year.

NAW.—At Carroll, Ohio, December 6th, 1875, Dr. J. H. Naw, aged 23 years, 7 months and 13 days.